

No. 2
11-10-39
-17-39
X214

SEP 17 1941 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town SAINT LOUIS 1717
(If outside city or town limits, write "RURAL")
(d) Street No. 3977 1/2 RUSSELL AV.
(If rural, give location)
(e) If foreign born, how long in U. S. Attending Physician

3. (a) PRINT FULL NAME JAMES ARTHUR SCRIVENS

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-07-1591

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LYDA BRENK SCRIVENS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 15 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 9 hr. min.

9. Birthplace ASTABULA OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business RADIO-RETAIL

12. Name JAMES ARTHUR SCRIVENS
13. Birthplace OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARY STRONG
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant HELEN M. LUTZ
(b) Address 4406 BEETHOVEN AVE

17. (a) CREMATION (b) Date thereof 8-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE

18. (a) Signature of funeral director C. R. LUPTON SONS
(b) Address 7233 DELAWARE BLVD

19. (a) AUG 25 1941 (b) J. Thibodeau
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 24
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate
Corrhazis of Liver
Due to pleurisy
Due to _____

Other conditions: No 2
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter J. Thibodeau (M. D. or other) 3
Address Deputy Coroner Date signed 8/25/41

Duration
Physician
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.